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<b>SERIAL NUMBER</b> 10/757,923	<b>FILING OR 371(c) DATE</b> 01/14/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> HDW102C
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

DIVISIONAL OF 10/172,315

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*filed 14 JUNE 2002 ABN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/03/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

32299

## TITLE

Method and device for addressing sleep apnea and related breathing disorders

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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